

SAMPLE

DOCUMENTS

## Paycheck Stubs

Paycheck stubs should be included for the last four weeks of income received by the wage earner.

*Iverson's Grocery Store*, Milepost 115, Highway 67, Rural County, AZ 86001 (520) 636-8888

Miller, Billy      602-99-      05/25/XX      05/31/XX      085  
5587

EMP. NAME      SSN      PERIOD BEG.      PERIOD END      CHECK #

EARNINGS	HRS./UNITS	CUR. AMT.	Y-T-D INCOME		Y-T-D NET INCOME
REGULAR	40.00	300.00	2704.00		2156.62
Bonus					
DEDUCTIONS				Y-T-D DEDUCTIONS	
F.I.C.A.		19.60		165.32	
MEDICARE		3.17		28.02	
BlueCross		22.00		44.00	
TOTAL	40.00	255.23	2704.00	237.34	2411.85

*Iverson's Grocery Store*, Milepost 115, Highway 67, Rural County, AZ 86001 (520) 636-8888

Miller, Billy      602-99-      06/07/XX      06/13/XX      115  
5587

EMP. NAME      SSN      PERIOD BEG.      PERIOD END      CHECK #

EARNINGS	HRS./UNITS	CUR. AMT.	Y-T-D INCOME		Y-T-D NET INCOME
REGULAR	40.00	300.00	3304.00		2667.08
Bonus		24.00			
DEDUCTIONS				Y-T-D DEDUCTIONS	
F.I.C.A.		20.05		204.52	
MEDICARE		3.37		34.36	
BlueCross		22.00		88.00	
TOTAL	40.00	300.58	3304.00	316.96	2967.66

# Paycheck Stubs

**RAMADA INN**  
GATEWAY TO THE GRAND CANYON, L.L.C.  
WILLIAMS, AZ 86046

**CHECK NO.:** 055986  
**CHECK DATE:** 06/23/XX  
**PP ENDING:** 06/20/XX  
**FREQUENCY:** WEEKLY

Miller, Billy                      602-99-5587      06/13/XX                      06/20/XX                      Various  
EMP. NAME                      SSN                      PERIOD BEG.                      PERIOD END                      PAY RATE

## IMPORTANT MESSAGE

HOURS AND EARNINGS					TAXES AND DEDUCTIONS			SPECIAL INFORMATION	
CURRENT		Y-T-D			CURRENT		Y-T-D		
DESCRIPTION	HRS./UNITS	EARNINGS	HRS./UNITS	EARNINGS	DESCRIPTION	AMOUNT	AMOUNT		
COOK	25	187.50	91.00	683.31	F.I.C.A.	20.68	60.36	TIPS	117.00
FOODSERVER	15	32.40	70.00	151.00	MEDICARE	4.84	14.12		
					TOTAL	25.52	74.48		
					TAXES				
					AFTER-TAX DEDUCTIONS				

## **Child Support Order**

A copy of a child support order or the ATLAS number of the case should be included with the application.

When a person is self-employed, request their most recent tax return. If there are no tax returns to verify the self-employment income, other records may be provided by the earner. Some business expenses allowed for Federal tax deductions are not allowed for eligibility purposes.

## Tax Forms

When using the IRS forms to verify self-employment income, all expenses claimed as deductions, except depreciation, are allowable for the eligibility determinations. A written or oral statement from the earner must accompany the verification include information regarding current earnings.

The IRS form 1040 will always be submitted to the IRS for a self-employed person. A schedule SE and various other schedules document business expenses and income.

Income on line 12 is used as the **Gross Annual Income** of the business.

## IRS Schedule SE (Form 1040)

**Section A—Short Schedule SE.** Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report		
3	Combine lines 1 and 2		
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax		
5	Self-employment tax. If the amount on line 4 is \$80,400 or less, multiply line 4 by 15.3% (line 4 × 15.3%). If more than \$80,400, multiply line 4 by 2.9% (line 4 × 2.9%) plus \$10.40. Enter the total here and on Form 1040, line 53		
6	Deduction for one-half of self-employment tax. Enter the result here and on Form 1040, line 54		

For Paperwork Reduction Act Notice, see Form 1040

**Section B—Long Schedule SE**

**Part I Self-Employment Tax**

**Note.** If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

**A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I. ☐

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. <b>Note.</b> Skip this line if you use the farm optional method. See page SE-3		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. <b>Note.</b> Skip this line if you use the nonfarm optional method. See page SE-3		
3	Combine lines 1 and 2		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3		

**Net Profits** from various businesses are entered here and are used to calculate income on the Schedule C.

## Tax Forms - Schedule C (Form 1040)

The 1040 and Schedule SE must also be accompanied by the appropriate supplemental Schedule. This is most commonly the Schedule C, however, a number of other supplements also exist such as schedule CEZ, E, F, K, K-1, etc.).

**SCHEDULE C (Form 1040)** Profit or Loss From Business (Sole Proprietorship)

Department of the Treasury Internal Revenue Service (998) — Attach to Form 1040 or Form 1041. — See Instructions for Schedule C (Form 1040).

OMB No. 1545-0046 **2001** Attachment Sequence No. 09

Name of proprietor Social security number (SSN)

**A** Principal business or profession, including product or service (see page C-1 of the instructions)

**B** Enter code from pages C-7 & 8

**C** Business name, if no separate business name, leave blank.

**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.) — City, town or post office, state, and ZIP code

**F** Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) —

**G** Did you "materially participate" in the operation of this business during 2001? If "No," see page C-2 for limit on losses. ☐ Yes ☐ No

**H** If you started or acquired this business during 2001, check here ☐

**Income**

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here	
2	Returns and allowances	
3	Subtract line 2 from line 1	
4	Cost of goods sold (from line 42 on page 2)	
5	Gross profit. Subtract line 4 from line 3	
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)	
7	Gross income. Add lines 5 and 6	

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

8	Advertising	19	Pension and profit-sharing plans
9	Bad debts from sales or services (see page C-3)	20a	Rent or lease (see page C-4):
10	Car and truck expenses (see page C-3)	20b	a Vehicles, machinery, and equipment
11	Commissions and fees	21	b Other business property
12	Depreciation	22	21 Repairs and maintenance
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	23	22 Supplies (not included in Part II)
14	Employee benefit programs (other than on line 19)	24a	23 Taxes and licenses
15	Insurance (other than health)	24b	24 Travel, meals, and entertainment
16	Interest:	24c	a Travel
16a	a Mortgage (paid to banks, etc.)	24d	b Meals and entertainment
16b	b Other	25	c Enter nondeductible amount included on line 24b (see page C-5)
17	Legal and professional services	26	d Subtract line 24c from line 24b
18	Office expense	27	25 Utilities
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	26 Wages (less employment credits)
29	Tentative profit (loss). Subtract line 28 from line 7	29	27 Other expenses (from line 48 on page 2)
30	Expenses for business use of your home. Attach Form 8829	30	
31	Net profit or (loss). Subtract line 30 from line 29.	31	

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see page C-6).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.


32a ☐ All investment is at risk.


32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 instructions. Cat. No. 11234P Schedule C (Form 1040) 2001

## Other Self-Employment Documentation

If the tax return is unavailable, the individual may provide current business records. A written explanation of why the income tax return was not available should accompany the application. The individual must provide verification of gross business receipts and business expenses.

 Gross business receipts are the total amount of cash received from business activity. This is the gross income received by the business prior to the deduction of any business expenses.

 Business expenses (or overhead expenses) include all costs related to the production of goods and/or services. Expenses must be paid before they can be deducted from income.

Examples may include a written ledger, receipts that document business expenses, written statements from customers, etc.

## Account Ledger

A checking account ledger or business ledger can be used to document amounts received and expenses incurred.

CODE	DATE		(-)	<input checked="" type="checkbox"/>	ANY	INTEREST	BALANCE
	5/31	Opening Balance					<b>\$3,116.25</b>
	6/6	Deposit				\$15,000.00	\$15,000.00
		CBS Properties					\$18,116.25
1491	6/10	Aceto Welding	500.00				\$1,500.00
		Welding Supplies					\$17,616.25
1492	6/10	Calvin's Plumbing Supplies	6000.00				\$6,000.00
		Pipe, fittings, etc.					\$11,616.25
1493	6/10	Shuff Steel	2250.00				\$2,250.00

## Various Receipts

Actual receipts or invoices showing the cost of deductible items can help verify expenses incurred by the wage earner.

CITIZENSHIP





DEPARTMENT OF STATE  
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA



## Certification of Birth Abroad

of a Citizen of the United States of America

This is to certify that according to records on file in this Office

Carmen Santiago

Her ..... was born at Ramstein Air Base, West Germany

on Michael Santiago Report of birth furnished on Rachel Haas Santiago

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of the Consular Service of the United States  
of America on .....


At ..... day of first September 1958

IN WITNESS

Dwight Eisenhower  
President

of the United States of America

WARNING. This certificate is now valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the  
office of signature.

EMPLOYMENT AUTHORIZATION	
U.S. DEPARTMENT OF JUSTICE      Immigration and Naturalization Service	
A100000001	Name: KELLY, MARJORIE A
	Signature: <i>Marjorie A. Kelly</i>
	Valid from: 06/15/01      Expires: 06/15/02      10/23/79
	Provision of Law: 274A.12(A)(3)
	Terms & Conditions: STUDENT 20RM/WK OK
ISSUED 06/15/01	

FORM I-558 JAN 01

The person identified on the reverse of this card is authorized to engage in employment in the United States pursuant to Section 274A of the Immigration and Nationality Act as amended, during the period of validity of the card and in accordance with the restricting terms stated on the reverse of the card.

This document is **VOID** if altered and may be revoked pursuant to 8 CFR 274a. This document is not evidence of citizenship or permanent residence in the United States. If this card is found, please return to the nearest office of the Immigration and Naturalization Service.

U.S. Department of Justice  
Immigration and Naturalization Service

300 WEST CONGRESS, FB-37 TUCSON, AZ 85701

AUTHORIZATION FOR PAROLE OF AN ALIEN  
INTO THE UNITED STATES

Name of Alien	(First) IAM	(Middle) A.	(Last) EXAMPLE	Date 01/12/2002
				File Number A1234567
Date of Birth (Month) (Day) (Year) 06/01/76	Place of Birth (City or town) (State or province) TUCSON, AZ 85706			(Country) MEXICO
U.S. Address (Apt. number and/ or in care of) (Number and street) (City or town) (State) (ZIP Code) 4200 E. BENSON HWY, APT. J11 TUCSON, AZ 85706				

Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to January 12, 2003 will authorize an immigration officer at a port of entry in the United States to permit the named bearer, whose photograph appears hereon, to enter the United States:

- ☒ as an alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.  
☐

Remarks: MULTIPLE ENTRIES - VALID UNTIL JANUARY 12, 2003

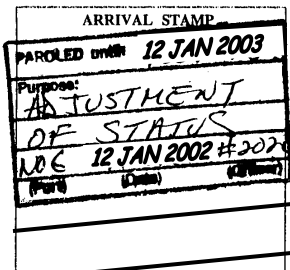
Applicant for adjustment of status Section 245. Parole indefinitely authority OI 212.5(c)(3).

"This authorization will permit you to resume your application for adjustment of status on your return to the United States."

"WARNING PURSUANT TO 8CFR 245.3(a)(2). IF YOUR APPLICATION FOR ADJUSTMENT OF STATUS IS DENIED, YOU WILL BE SUBJECT TO EXCLUSION PROCEEDINGS UNDER SECTION 236 OF THE IMMIGRATION AND NATIONALITY ACT."

ROSEANNE C. SONCHIT, SAC/TUC  
(Signature of Immigration Officer)

TUCSON, AZ  
(Authorizing Office)



PERMANENT RESIDENT CARD

NAME

INS A#

Birthdate

Category

Sex

Country of Birth


CARD EXPIRES

Resident Since

08/08/08

08/08/98

M



D1USA

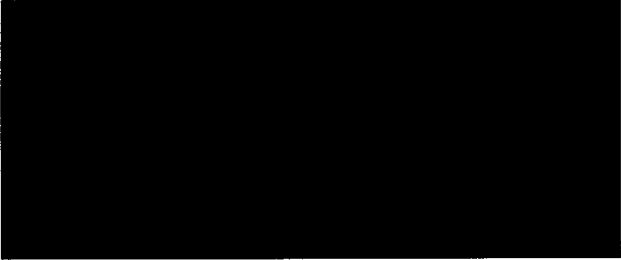
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U.S. DEPARTMENT OF JUSTICE Immigration and Naturalization Service

PERMANENT RESIDENT CARD





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Rev. 02-01-98